

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MASSACHUSETTS

DOROTHY STANLEY, AS EXECUTRIX OF	:	
THE ESTATE OF HELEN A. RUNGE,	:	
Plaintiff	:	
	:	No. 05-10849-RGS
v.	:	(Judge Stearns)
	:	
WALTER J. KELLY, et al.	:	CIVIL ACTION
Defendants	:	JURY TRIAL DEMANDED

**PLAINTIFF'S MOTION IN LIMINE TO PRECLUDE
OPINION AND TESTIMONY OF ELIZABETH GAUFBERG**

AND NOW, COMES, Plaintiff, Dorothy Stanley, Executrix of the Estate of Helen A. Runge ("Plaintiff"), by and through her counsel, and requests that the opinion and testimony of Elizabeth Gauferg be precluded at trial in this matter:

1. Defendant Bloomingdale identified Elizabeth Gauferg, MD, MPH ("Gauferg") as an expert witness on his behalf by correspondence dated August 21, 2007. *See* Defendant Bloomingdale's correspondence and Gauferg's expert report attached as Exhibit A.

2. Gauferg's opinion focuses solely on Defendant Bloomingdale's actions in relation to Plaintiff and does not in any way address Defendant Kelly's or Defendant Sunbridge's actions. *See* Exhibit A.

3. Gaufberg's expert opinion and/or testimony is not relevant to this case because Defendant Bloomingdale was dismissed from this matter by Stipulation of Dismissal filed January 30, 2008 (Document No. 126).

4. Presentation of Gaufberg's opinion and/or testimony about Defendant Bloomingdale will confuse and mislead the jury regarding the actual remaining issues against Defendants Sunbridge and Kelly by focusing on propriety of conduct not at issue.

5. Plaintiff will be prejudiced, the issues will be confused and the jury misled if the opinion or testimony of Gaufberg is presented.

6. Defendant Sunbridge did not identify Gaufberg as an expert witness and, therefore, should be precluded from introducing Gaufberg's opinion and/or testimony as evidence.

7. Defendant Kelly did not timely identify Gaufberg as an expert witness and, therefore, should be precluded from introducing Gaufberg's opinion and/or testimony as evidence.

8. In support of the instant Motion, Plaintiff incorporates her Memorandum of Reasons In Support of Motion in Limine to Preclude Opinion and Testimony of Elizabeth Gaufberg.

WHEREFORE, Plaintiff respectfully requests that this Honorable Court grant Plaintiff's Motion in Limine to Preclude Opinion and Testimony of Elizabeth Gaufberg.

Respectfully submitted,

LATSHA DAVIS YOHE & MCKENNA, P.C.

Dated: June 15, 2008

By /s/ Glenn R. Davis
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CERTIFICATE OF SERVICE

I hereby certify that a true copy of the foregoing document was served upon the attorney of record for each party by electronic transmission.

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Dated: June 15, 2008

By /s/ Glenn R. Davis
Glenn R. Davis

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AUG 27 2007

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August 21, 2007

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Re: Helen Runge
v.
Kerry Bloomingdale, M.D. et al.
United States District Court C.A. No.: 05-CV-10849-RGS

Dear Counsel:

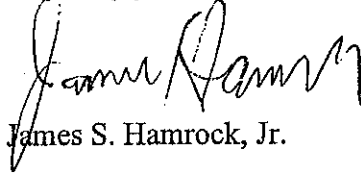
Enclosed for your records please find on behalf of defendant Kerry Bloomingdale, M.D. the expert witness report and curriculum vitae of Elizabeth Gaufberg, M.D, who will be called as an expert witness at the time of trial.

Please be advised that despite submission of this expert disclosure, the defendant Dr. Bloomingdale reserves the right to object to the testimony of each purported plaintiff expert

witness whose identify and report were not disclosed in timely conformance with the Court's prior Orders.

Thank you for your attention to this matter, and please do not hesitate to contact me with any questions or concerns.

Very truly yours,

A handwritten signature in black ink, appearing to read "James S. Hamrock, Jr.", with a stylized flourish at the end.

James S. Hamrock, Jr.

JSH/hao
Enclosures

Cambridge Health Alliance**Harvard Medical School**

Director of Professional Development
617-665-1343

Department of Medicine

Elizabeth Gaufberg, M.D., M.P.H.
Assistant Professor of Medicine and Psychiatry
Email: egaufberg@challiance.org

August 3, 2007

James Hamrock, Esq.
Hamrock & Tocci
101 Main Street
Cambridge, MA 02142

Dear Mr. Hamrock:

At your request, I am offering an opinion on the care provided to Mrs. Helen Runge by Kerry Bloomingdale MD. I am qualified to offer such an opinion based on my 12 years practice experience as both an internist and psychiatrist. I graduated in 1988 as valedictorian of my medical school class at SUNY Syracuse. I completed sequential Internal Medicine and Psychiatry residencies at the Cambridge Hospital from 1989-1995, with board certification in Internal Medicine in 1992 and Psychiatry and Neurology in 1996. Currently I am Director of the Medicine Consultation service to the Inpatient Psychiatry Units at the Cambridge Hospital/Cambridge Health Alliance. In this position, I consult on the care of hospitalized psychiatric patients with both medical and mental illness. The vast majority of these patients are hospitalized under Section 12, and many have guardianships or other legal aspects to their care. In addition, I am an Assistant Professor in Medicine and Psychiatry at Harvard Medical School, and teach Harvard Medical Students, and Cambridge Health Alliance Internal Medicine and Psychiatry Residents about the care of patients with medical and mental illness.

I reviewed the following documents in preparing this letter:

1. Medical records from: Jewish Memorial Hospital and Rehab Center 2/25/00-2/29/00; Marian Manor 10/11/01 - 11/15/02; Bayview ALF 11/15/02-2/5/03; Carney Hospital 12/17/96-1/22/03; Sunbridge Health Care 1/22/03-4/30/03; St. Luke's Hospital (Psychiatric Assessment and Discharge Summary) 10/07/03-10/28/03 hospitalization; New England Geriatrics; Lilian Mahrokhian MD; New England Geriatrics; Kerry L. Bloomingdale MD.
2. Letters from Dr. Palmer (5/12/03) and Dr. Myers (5/30/03).
3. Deposition transcripts of Dr. Bloomingdale, Helen Runge, Mr. Geraghty, Dorothy Stanley, Gilbert Stanley, Walter Kelly, Donna Foley, and Linda Johnson.
4. Expert Letter and Curriculum Vitae from Richard Dupee MD and Linda Fagan RN.

It is my opinion that Mrs. Runge was most likely suffering from a long standing paranoid personality disorder. This is initially suggested by Mr. Geraghty's (manager of the apartment complex where Mrs. Runge resided for approximately 20 years) testimony in which he describes many years of paranoid/bizarre behavior on the part of his tenant involving unsubstantiated claims of bugs invading her apartment, grease and water dripping on the walls of her apartment, with multiple calls to the management, police and fire departments. Mrs. Runge's social worker was concerned enough that these were psychotic delusional thoughts that she arranged for hospitalization at Jewish Memorial Hospital from 2/25/00-2/29/00. During this hospitalization she was diagnosed with Psychotic Disorder not otherwise specified with Delusional and Paranoid thinking and started on an antipsychotic medication, Zyprexa. Mrs. Runge's long-standing personality problems and paranoid tendencies are also suggested by her daughter, Dorothy Stanley's, statements to Linda Johnson LCSW (recorded in the Marion Manor records) that her mother "has never been happy" and that she "doesn't think her mother will be totally happy anywhere." In response to reports that Mrs. Runge accuses other residents of using and taking her things, Mrs. Stanley reported to Ms. Johnson that her mother had longstanding suspicions that people were using her telephone, and "even though she lived alone her mother had a lock on the rotary part of the phone". In Mrs. Runge's 1/12/03 Carney hospital admission Mrs. Runge's daughter is noted as saying that Mrs. Runge was "paranoid for most of her life".

Personality disorders are enduring patterns of perceiving, relating to and thinking about the world and oneself that are exhibited in a wide range of social and personal contexts. Individuals with paranoid personality disorder exhibit ongoing, unbased suspiciousness and distrust of other people. They often express suspicion that others are exploiting or deceiving them. Patients with personality disorders sometimes suffer from other psychiatric conditions superimposed on their underlying personality disorder – such as anxiety, psychosis, depression or dementia. It is quite possible that during her time at Sunbridge Mrs. Runge was suffering from early Alzheimer's or other dementia in addition to her paranoid personality disorder.

It should be noted that personality disorders are exceedingly difficult to treat, as they are enduring patterns of perceiving and relating to others. Medications may be somewhat helpful with associated psychiatric disorders or symptoms such as agitation, anxiety or depression, but the underlying personality disorder is resistant to both pharmacologic and psychotherapeutic interventions.

It is quite predictable that an individual with Mrs. Runge's history suggestive of longstanding paranoid personality disorder would exhibit paranoid behavior in any environment in which she would reside. For example, during the Marian Manor stay, Mrs. Runge accused others of taking her belongings and opening her mail. Her complaints were relentless, and expressed in an agitated manner. Her brief stay at the Bayview Assisted Living Facility, during which she called 911 twice to render complaints that others were stealing from her, ended in an admission to Carney Hospital Psychiatric Unit in which she was agitated and angry, and expressing loud complaints about other residents. She was discharged from Carney Hospital to Sunbridge Nursing Home on Zyprexa (for psychotic symptoms/agitation) and Aricept (for presumed early dementia).

Mrs. Runge stayed at Sunbridge from 1/22/03-4/30/03 and was treated with a variety of antipsychotic and anti-anxiety medications. She was seen by Dr. Bloomingdale on three occasions: 3/4/03; 4/1/03 and 4/29/03. Dr. Bloomingdale consulted on Mrs. Runge in tandem with his colleague from New England Geriatrics, Ruth Miller NP, who saw the patient on 2/10/03, 3/13/03, 3/31/03 and 4/21/03. Ms. Miller's and Dr. Bloomingdale's impressions and recommendations were consistent with and complementary to one another. On 2/10/03, Ms. Miller evaluated Mrs. Runge and found her to be paranoid, agitated and angry, with staff reports of patient hoarding food and paper goods in her room. Ms. Miller spoke with Dr. Bloomingdale who suggested an increase in Zyprexa dose to 5 mg at bedtime (from 2.5 mg at bedtime) with 2.5 mg twice a day as needed for agitation - which Ms. Miller recommended in her note of that day. On 3/4/03, Dr. Bloomingdale's initial assessment noted her history of paranoia, delusions and depression. His diagnosis was Alzheimer's dementia with delusions and he agreed with continuing the Zyprexa. On 3/13/03, Ms. Miller again visited Mrs. Runge for a medication review and suggested no change in medication. On 3/31/03, Ms. Miller again visited Mrs. Runge, and found her to be paranoid and depressed, and recommended the addition of the anti-depressant Zoloft 25 mg a day, with an increase to 50 mg a day after one week, if tolerated. On 4/1/03, Dr. Bloomingdale saw Mrs. Runge, and his impression was that she had been, at times, more paranoid and sadder, and was chronically dissatisfied and angry. He suggested some basic laboratory tests, and suggested that if labs turned out to be normal, that Ms. Miller's recommendation of 3/31 for Zoloft may be helpful. On 4/29/03, Dr. Bloomingdale again saw Mrs. Runge, found her to be "more paranoid, probably in part because she is not taking her Zyprexa." He found that "she lacks the ability to make sound decisions for herself about her psychoactive medications and about a variety of other personal issues." This determination was based on reports from staff and personal interview with Mrs. Runge. He suggested keeping the Zyprexa dose unchanged, as the "problem is not with the medication but with her refusal to take it", and suggested medication guardianship. He completed the Medical Certificate for the Guardianship petition.

Also on 4/29/07, Mrs. Runge's daughter, Dorothy Stanley, and her husband arrived to Sunbridge a day earlier than they were expected to visit. They brought Mrs. Runge out of the facility to a notary to sign papers revoking Attorney Walter Kelly as health care proxy and power of attorney and appointing themselves in that role. (For several years, Attorney Walter Kelly had been the power of attorney for Mrs. Runge, and as such had involvement in all Mrs. Runge's major life decisions. Mrs. Runge had also appointed Attorney Kelly to be her health care proxy. Mrs. Runge had been largely estranged from Mrs. Stanley. Mrs. Stanley had not been involved in any life or health care decisions for Mrs. Runge. However, in 2002, Mrs. Runge and her daughter had begun to communicate more regularly, and Mrs. Runge had expressed the desire to move to North Carolina to be nearer to her daughter. Her care providers at Sunbridge, including Dr. Bloomingdale, were aware of this desire and had expressed no objections to this idea.) On this same day that Mrs. Runge had been taken to the notary by her daughter, Mrs. Runge had refused most of her medications. On this same day, Dr. Bloomingdale found her to be more paranoid and unable to make sound decisions for herself.

On 4/30/03, Mr. and Mrs. Stanley removed Mrs. Runge from Sunbridge and brought her with them to North Carolina with no prescriptions or medications.

Dr. Bloomingdale upheld the standard of care in his recommendations to Dr. Bregoli regarding Mrs. Runge's psychiatric care, and his pursuit of medication guardianship for Mrs. Runge. The medications he recommended during the course of her stay were appropriate treatment for the symptoms she was exhibiting. It has been alleged that Dr. Bloomingdale overmedicated Mrs. Runge and prevented her from voluntarily discharging herself from admission at Sunbridge. On the contrary, Dr. Bloomingdale recommended appropriate classes and dosages of medications to treat Mrs. Runge's symptoms of agitation and paranoia, none of which were ever forced on her against her will. On several occasions Mrs. Runge refused her medications, with expected worsening of her paranoia and agitation. Furthermore, it would have been dangerous and illegal for a patient in Mrs. Runge's paranoid, agitated and confused state to be discharged from the facility without appropriate guardianship and protection. Dr. Bloomingdale's pursuit of guardianship was entirely appropriate and in the best interest of Mrs. Runge's safety and health.

Additional points to be noted are that:

1. Dr. Bloomingdale was not the attending of record in Mrs. Runge's care. He acted as a psychiatric consultant and as such made recommendations that Dr. Bregoli was free to accept or reject. As far as I can tell there was never any objection or concern about Dr. Bloomingdale's recommendations on the part of her primary team.
2. Dr. Bloomingdale worked as part of a multidisciplinary care team from New England Geriatrics, which included Ruth Miller NP and Ruth Murray LMHC. Such a team approach allows for providers to share impressions and receive feedback from one another, thus serving as a system of checks and balances regarding patient care. In Mrs. Runge's case, the impressions of all clinicians from New England Geriatrics were consistent with one another.
3. The psychiatric care Mrs. Runge received at Sunbridge for her symptoms of agitation and paranoia was part of a long history of such care. She had admissions to Jewish Memorial Hospital and Carney Hospital inpatient psychiatric units prior to her Sunbridge stay (both admissions involved the legal decision to admit the patient against her will in the interest of her own health and safety), and to St. Luke's hospital in North Carolina subsequent to her Sunbridge stay (see below). Diagnostic impressions were similar in all facilities and medication recommendations in all facilities were consistent with one another.
4. Dr. Bloomingdale's actions did not lead to any perceivable harm to Mrs. Runge. I cannot find evidence that a single dose of medication was given to the patient against her will. There is no evidence that the course of her illness would have been any different, and certainly not any worse, as a result of Dr. Bloomingdale's treatment.
5. The course of Mrs. Runge's unfortunate illness resulted in a hospitalization at St. Luke's Hospital in North Carolina for progressive suspiciousness and paranoia from 10/7/03- 10/28/03. Mrs. Runge's daughter had her admitted to St. Luke's because apparently she could not manage her at home. According to the initial psychiatric assessment, the justification for admission was that the patient was yelling, screaming, demanding and feeling that the daughter and others were stealing from her. In the initial psychiatric assessment to St. Luke's, the admitting physician raised concern that the reason Mrs. Runge's symptoms worsened was that she was no longer

taking psychotropic medications while living at her daughter's home. Her physicians at St. Luke's diagnosed late onset delusional d/o and early dementia as well as possible paranoid personality disorder with superimposed early dementia. These diagnoses were entirely consistent with Dr. Bloomingdale's diagnoses. They treated her with a combination of anti-anxiety, anti-depressant and antipsychotic medication -- similar classes and dose ranges of medication that Dr. Bloomingdale was recommending during her Sunbridge Nursing Home stay.

6. The ultimate course of Mrs. Runge's illness, with her progressive paranoia, agitation and ultimately severe dementia, requiring psychotropic medications and highly supervised care, suggests that Dr. Bloomingdale's recommendations were prescient and entirely appropriate.

Feel free to contact me if I can be of further assistance.

Sincerely,



Elizabeth Gaufberg MD MPH
Assistant Professor of Medicine and Psychiatry
Harvard Medical School
The Cambridge Health Alliance
1493 Cambridge St.
Cambridge, MA 02139

Date Prepared: June 2005

CURRICULUM VITAE

Name: ELIZABETH HECHT GAUFBERG, M.D., M.P.H.

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Email: Egaufberg@challiance.org
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Home Address: 25 Swan Road, Winchester, MA 01890

Place of Birth: New York, New York

Education:

1984 B.A.	Colgate University, Hamilton, NY Summa Cum Laude, High Honors in Philosophy
1988 M.D.	SUNY Health Science Center, Syracuse, NY Summa Cum Laude, Valedictorian
1989 M.P.H.	Harvard School of Public Health, Boston

Postdoctoral Training:

Internship and Residency:

1989-1990	Intern in Medicine, The Cambridge Hospital
1990-1992	Resident in Medicine, The Cambridge Hospital
1992-1995	Resident in Psychiatry, The Cambridge Hospital
1994-1995	Chief Resident, Consultation-Liaison Psychiatry, The Cambridge Hospital

Licensure and Certification:

1992	Massachusetts License Registration
1992	Certified, American Board of Internal Medicine
1996	Certified, American Board of Psychiatry and Neurology

Academic Appointments:

1989-1992	Clinical Fellow in Medicine, Harvard Medical School
1992-1995	Clinical Fellow in Psychiatry, Harvard Medical School
1995-2001	Instructor in Psychiatry, Harvard Medical School
2001-	Instructor in Medicine, Harvard Medical School

Hospital or Affiliated Institution Appointments:

1995-1997	Associate Staff, Departments of Medicine and Psychiatry, Cambridge Health Alliance
1997-	Active Staff, Departments of Medicine and Psychiatry Cambridge Health Alliance

Hospital and Health Care Organization Service Responsibilities:

1995-1997	Associate Director, Consultation-Liaison Psychiatry, The Cambridge Hospital
1995-2001	Staff Physician, Primary Care Center, The Cambridge Hospital
1995-1997	Continuous Quality Improvement Coordinator, Consultation-Liaison Psychiatry Service, The Cambridge Hospital
1997-	Director, Primary Care Center Mental Health Team
2001-2004	Director, Consultative Medicine, Cambridge Hospital

Major Administrative Responsibilities:

2001-2004	Director, Consultative Medicine, Cambridge Hospital
2001-	Director, Medical Consultation-Liaison Service, Department of Psychiatry

Major Committee Assignments:

1997- 2001	Member, Cambridge Health Alliance Committee on Medical Psychiatric Services
1997-2002	Member, Network Health Medically/Mentally Ill Design Team
2001-2003	Member, Joint CHA and Department of Mental Health Committee on Medical Care of the Chronically Mentally Ill
2003-	Committee Chair, Professionalism and Interpersonal and Communication Skills General Competency Areas, Adult Psychiatry Residency Training Program
2004	Member, Physician Health Committee, Cambridge Health Alliance
2004	Founding Member, Arts and Healing Committee, Cambridge Health Alliance
2005	Member, Joint Committee on the Status of Women, Harvard Medical School

Professional Societies:

1987	Alpha Omega Alpha
1994	Academy of Psychosomatic Medicine
1994	Association of Medicine and Psychiatry
1994	American Association of General Hospital Psychiatrists
1995	American Medical Association
1999	American Academy on Physician and Patient

Community Service Related to Professional Work:

1995-	Physicians for Human Rights, Medical and psychiatric asylum evaluations for victims of political torture
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Editorial Boards:

2003-	Reviewer for Journal of General Internal Medicine
2005	Reviewer for the Reflective Practice Section of Patient Education and Counseling

Awards and Honors:

- 1982 Phi Beta Kappa
- 1985 McGraw Hill Book Award
- 1986 Lange Series Book Award
- 1987 Alpha Omega Alpha
- 1987 Merck Manual Book Award
- 1988 Syracuse Medical Alumni Association Academic Achievement Award
- 1988 Janet M. Glasgow Award (Academic Achievement)
- 1988 Paul A. Bunn Award (Infectious Disease)
- 1995 Livingston Award; Harvard Consolidated Department of Psychiatry
- 2004 Harvard Macy Program for Physician Educators
- 2004 Grant Awarded to Incorporate the Humanities into Medical Education, Kenneth B. Schwartz Center
- 2004 Appointment as Team Leader, Harvard Medical School Delegation to the UMass Macy Mentorship Program in Health Communication Education
- 2005 Recipient, Fiftieth Anniversary Scholars in Medicine Fellowship, Harvard Medical School

[PART II:] RESEARCH, TEACHING, AND CLINICAL CONTRIBUTIONS

A. Narrative Report of Research, Teaching, and Clinical Contributions:

I am a double-boarded internist and psychiatrist, and practice both specialties at The Cambridge Health Alliance. My clinical work has always integrated the fields of Psychiatry, Medicine, and Public Health. I spent the first several years of my career initiating and running a primary care clinic to address the medical needs of patients with severe and persistent mental illness, and for the past 4 years I have directed the medical consultation services to our inpatient psychiatry units. My psychiatry position is the mirror image of my internal medicine position. For two years I served as the Associate Director of the Consultation-Liaison Psychiatry Service, and still provide outpatient psychiatric consultation to my medical colleagues' patients. Both positions have allowed me to address the significant public health needs of a vulnerable patient population that has high medical, psychiatric and substance-related morbidity and tends to receive poor quality health care.

I am passionate about medical education and my teaching spans and integrates several disciplines. I coordinate psychosocial training for the Medicine Residency Program, and teach psychiatry residents about the particular medical problems of psychiatric patients. I am responsible for training and evaluating resident professionalism for both residency programs, and am in the process of piloting a 360 degree professionalism survey on resident performance in this domain. I am the director of the social science curriculum for the Cambridge Integrated Clerkship (CIC), and have designed a year-long CIC social science seminar which covers such diverse areas as reflective practice, medical humanities, communication skills, professionalism, the population sciences and health policy. As a scholar in the Harvard Macy Program for Physician Educators, I worked on resident assessment methods in the competency areas of professionalism and communication skills, and was honored to be invited back as a Macy faculty member this year. My interest in psychosocial teaching also found its expression in the publication in *Academic Medicine* of the results of a nation-wide survey on the psychosocial training provided in primary care programs, a project supported by an HMS Division of Psychiatry Livingston Fellowship.

My primary focus in coming years will be physician health, education and renewal. I am an active member of the CHA Physician Health Committee which serves as a resource to at-risk physicians, and have recently been elected to the HMS Joint Committee on the Status of Women. I am the leader of an HMS team developing a Professional Boundaries Curriculum as part of the U Mass Macy Mentorship Program

in Health Communication Education. I have found that art and literature can be powerful tools to foster self-reflection, as well as to enhance provider empathy for patients and one another. A grant from the Kenneth B. Schwartz Center has enabled me to begin to incorporate the humanities in resident and medical student education. An HMS Fiftieth Anniversary Scholars in Medicine Fellowship will allow me to combine my interest in the arts and medical professionalism, and I will spend the coming academic year developing a curriculum resource book of poetry, literature and art to help teach medical students, residents and faculty about professional boundaries.

B. Report of Teaching

1. Local Contributions

a. Harvard Medical School Courses

- | | |
|-----------|--|
| 1994-1995 | Faculty Preceptor, Second Year Medical Student Psychiatry Course, Harvard Medical School. |
| 2004-2005 | Course Director, Year-long Social Science Seminar (aka Core Group), The Cambridge Integrated Clerkship |

b. Graduate Medical Courses

Cambridge Health Alliance

- | | |
|-----------|---|
| 1995 | Co-Instructor, Biweekly Video Review/Interviewing Skills Seminar, Internal Medicine Residency, The Cambridge Hospital |
| 1995- | Coordinator and Instructor, Psychosocial Conference Series (8-12 lectures/year on Topics relating to Psychiatry, Addictions and Interviewing). Internal Medicine Residency, The Cambridge Hospital. |
| 1995 | Advanced Psychopharmacology Seminar. Depression in the Primary Care Setting. May 10, 1995 |
| 1996 | Advanced Psychopharmacology Seminar. The Organic-Functional Differential. May 3, 1996. |
| 1996 | Medical Update for Psychiatrists. Didactic Series. Spring, 1997. |
| 2001-2005 | Twice a year Lecture on Medical Care for the Seriously Mentally Ill and Medical Side Effects of Psychotropic Medications to PGY-2 Psychiatry Residents. |
| 2001-2005 | Summer Orientation Series for PGY-2 Psychiatry Residents. Annual Lecture on Medical Clearance |
| 2001 | Resident Conference on Giving and Receiving Feedback in Medical Education |
| 2001 | Resident Conferences (2-3 x/year) on Professional Boundaries |
| 2002- | Faculty Development Conferences (x3) on Giving and Receiving Feedback in Medical Education, annually |

c. Local Invited Teaching Presentations

- | | |
|-------|--|
| 1995 | Medicine Grand Rounds. Primary Care: De facto mental health care? July 10, 1995. |
| 1997 | Psychiatry Grand Rounds, Psychiatric Illness in Primary Care: an insider's perspective. February 4, 1998. |
| 1998- | Massachusetts College of Pharmacy and Allied Health Professions. Annual Lecture to Physician Assistant Program, Somatization in the Medical Setting. |

- 2001 Combined Medicine and Psychiatry Grand Rounds, Women's Health Symposium May 30, 2001
- 2001 Medicine Grand Rounds (Discussant) Somatization in the Medical Setting July 18, 2001
- 2001 Research Grand Rounds, Department of Psychiatry, Presentation on Research in Psychosocial Training in Internal Medicine and Family Residency Programs. November 14, 2001
- 2002 Combined Medicine and Psychiatry Grand Rounds Cardiovascular effects of psychotropic medications (as part of "Excessive Cardiovascular morbidity among chronically mentally ill) CHA-DMH task force to improve primary care of persons with mental illness January 30, 2002

d. Continuing Medical Education Courses

- 1996, 1997 Harvard Medical School and Brigham and Women's Hospital: Office Practice of Primary Care Medicine Conference. Workshop on Psychiatric Problems in Primary Care. March 8, 1996; March 7, 1997
- 2001 The Cambridge Hospital Department of Psychiatry, The Cambridge Series, Conference on Self-Destructive Behaviors in Women. Lecture on "Medical Non-Compliance as Self-Destruction." March 31, 2001
- 2002 Faculty Development Workshop on Giving and Receiving Feedback for Medical Leadership (co-lead with Ayse Atasoylu MD), The Cambridge Health Alliance, January 15, 2002
- 2005 Group Facilitator, Harvard Macy Program for Physician Educators, Observation Group Faculty

e. Advisory and Supervisory responsibilities

- 1995- Clinical Supervisor, PGY III Psychiatry Residents, Internal Medicine Residents, and Harvard Medical Students, Consultation-Liaison Psychiatry Rotation, The Cambridge Hospital
- 1995-2001 Clinical Supervisor, Primary Care Internal Medicine Residents, Primary Care Center
- 1995 Faculty Preceptor and Medicine-Psychiatry Liaison, Pre-Psychiatry Transitional Intern Group
- 1995 Faculty Preceptor for between 1-3 Internal Medicine Residents per year
- 2004- Facilitator, New Faculty Support Group, Departments of Medicine and Psychiatry

f. Teaching Leadership Roles

- 1995- Faculty Coordinator of Psychosocial Curriculum, Internal Medicine Residency, The Cambridge Hospital
- 1995-1997 Consultation-Liaison Psychiatry Curriculum Coordinator, The Cambridge Hospital
- 2001- Director of Consultative Medicine Rotation, Coordinator of Medical Consultation Curriculum, Supervisor of Rotating PGY-3 Medical Residents, Internal Medicine Residency Program.
- 2003- Co-Director, Humanities in Medicine Program, Internal Medicine and Psychiatry Residency Training Programs (with Ayse Atasoylu and Maren Batalden)
- 2004- Director, Integration of Social Sciences and Clinical Medicine Task Force, The Cambridge Integrated Clerkship, Harvard Medical School.
- 2004- Faculty co-facilitator, New Faculty Support Group, Cambridge Health Alliance

- (with Loring Conant)
 2004 Team Leader representing Harvard Medical School, The UMass Macy
 Mentorship Program in Health Communication Education

2. Regional, National, and International Contributions

Invited Presentations

- 1995 American Psychiatric Association 148th Annual Meeting, Issue Workshop:
 Encompassing Diversity in Group Therapy Training. May 24, 1995.
 1996 Massachusetts Psychiatric Society and Massachusetts Medical Society. Joint
 Conference on Gender Issues in Health Care. Workshop on Gender and
 Psychopharmacology. March 30, 1996.
 1996 American Psychiatric Association 149th Annual Meeting. Issue Workshop: To
 Turf or to Treat: The Organic-Functional Differential, May 9, 1996.
 1999 Massachusetts Department of Mental Health and University of Massachusetts
 Medical School Conference on Recovery and Rehabilitation. Conference Planner;
 Lecture on Medical Care for the Mentally Ill, Lecture on Psychopharmacology
 Update for the Primary Care Physician. June 15, 1999.
 1999 Academy of Psychosomatic Medicine Conference. Paper Presentation:
 Psychosocial Training in US Internal Medicine and Family Practice Residency
 Programs. November 20, 1999.
 2000 Society for General Internal Medicine 2000 Conference. Interviewing for Social
 Awareness Workshop. May 4, 2000.
 2001 Workshop Presentation, "An Insider's View of Addiction and Treatment"
 (conference for Massachusetts Judges). Jointly sponsored by The Department of
 Public Health, Tewksbury Hospital and Bureau of Substance Abuse Services,
 Harvard Medical School Division on Addictions. October 17, 2001
 2003 Society for General Internal Medicine Regional Conference, 2003. Workshop on
 Teaching Professional Boundaries to Primary Care Residents (with Robin
 Barnes). March 14, 2003.

BIBLIOGRAPHY

Original Articles:

1. Kraly FS, Miller LA, Hecht [Gaufberg], ES: Histaminergic mechanism for drinking elicited by insulin in the rat. *Physiology and Behavior*, August 1983.
2. Gaufberg, E, Ellison, JM. Photosensitivity reaction to fluoxetine [letter]. *The Journal of Clinical Psychiatry* 1995; 56: 486.
3. Gaufberg, E. Joseph RD; Pels RJ, Wyshak G; Wieman, D, Nadelson, C: Psychosocial Training in U.S. Internal Medicine and Family Practice Residency Programs. *Academic Medicine* 2001; 76:738-742.

Book Reviews:

4. Gaufberg, E. The psychiatric mental status examination. *General Hospital Psychiatry* 1995; 17: 392-3.
5. Gaufberg, E. Medical complications of psychiatric illness. *General Hospital Psychiatry*, 2004

Poster Presentations:

- 1998 Harvard Consolidated Department of Psychiatry Research Day. Poster Presentation. Psychosocial Training in US Internal Medicine and Family Practice Residency Programs. April 14, 1999, Boston
- 1999 American Psychiatric Association 152nd Annual Meeting. Poster Presentation: Psychosocial Training in US Internal Medicine and Psychiatry Residency Training Programs. May 15, 1999.
- 2003 Poster Presentation on Learning Medical Interviewing Skills through real-time observation and feedback (with Alyce Getler and Robin Barnes) Harvard Medical Education Day. October 28, 2003.
- 2004 Society for General Internal Medicine Regional Conference, 2004. Poster presentation on Incorporating Arts and Literature into Residency Training (with Ayse Atasoylu and Maren Batalden). March 5, 2004.
- 2004 Poster Presentation on Incorporating the Arts and Literature in Residency Education. Harvard Department of Psychiatry Mysell Day. March 24, 2004.
- 2004 Harvard Medical School, Medical Education Day, Poster presentation on Incorporating the Humanities into Medical Education (with Ayse Atasoylu and Maren Batalden). October 26, 2004